







Name:	Scl	hool:		Grade: Number of Students:
Week 1	December 1-5	I spent		hours this week preparing for or teaching nutrition.
Week 2	December 8-12	I spent		hours this week preparing for or teaching nutrition.
Week 3	December 15-19 (No School)	I spent	0	hours this week preparing for or teaching nutrition.
Week 4	December 22-26 (No School)	I spent	0	hours this week preparing for or teaching nutrition.
Week 5	December 29-31 (No School)	I spent	0	hours this week preparing for or teaching nutrition.

Please circle the number of times you taught the following topic(s) in your classroom. If you taught a topic more than 10 times, please write the number of times in the blank.

Times Taught										Nutrition/Physical Activity Topic
1	2	3	4	5	6	7	8	9	10	Benefits of Physical Activity (I)
1	2	3	4	5	6	7	8	9	10	Fat and Oils (B)
1	2	3	4	5	6	7	8	9	10	Fiber-Rich Foods (C)
1	2	3	4	5	6	7	8	9	10	Food Shopping/Preparation (D)
1	2	3	4	5	6	7	8	9	10	Fruit and Vegetables (E)
1	2	3	4	5	6	7	8	9	10	Hand Washing/Food Safety (M)
1	2	3	4	5	6	7	8	9	10	Lean Meat and Beans (F)
1	2	3	4	5	6	7	8	9	10	Limit Added Sugars (G)
1	2	3	4	5	6	7	8	9	10	Fat Free and Low Fat Milk (A)
1	2	3	4	5	6	7	8	9	10	MyPyramid- Healthy Eating Plan (H)
1	2	3	4	5	6	7	8	9	10	Promote Healthy Weight (J)
1	2	3	4	5	6	7	8	9	10	Sodium and Potassium (K)
1	2	3	4	5	6	7	8	9	10	Whole Grains (L)

Please indicate the range of time spent teaching nutrition in a single session.

Estimated Duration				
Shortest:	minutes			
Longest:	minutes			

Signature: _____ Date: _____